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Atlanta, GA 30361
Telephone (404) 879-2150
Telefax (404) 879-2160
information@pabstpatent.com
www.pabstpatent.com

TELEFAX

Date: July 23, 2004

Total pages: 4

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Telephone:

Telefax: 703-872-9306

From: Patrea L. Pabst

Telephone: 404-879-2151

Telefax: 404-879-2160

Our Docket No. MIT 7501

Client/Matter No. 701350/41

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MESSAGE:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Campbell Rogers, Elazer R. Edelman, and Daniel I. Simon

Serial No.: 08/823,999 Art Unit: 1644

Filed: March 25, 1997 Examiner: Phillip Gambel

For: *MODULATION OF VASCULAR HEALING BY INHIBITION OF LEUKOCYTE
ADHESION AND FUNCTION*

(48049269.1)

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PTO/SB/21 (08-03)

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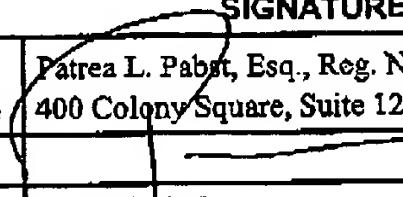
| | | |
|--|------------------------|-----------------|
| | Application Number | 08/823,999 |
| | Filing Date | March 25, 1997 |
| | First Named Inventor | Campbell Rogers |
| | Art Unit | 1644 |
| | Examiner Name | Phillip Gabel |
| | Attorney Docket Number | MIT 7501 |

4

ENCLOSURES (Check all that apply)

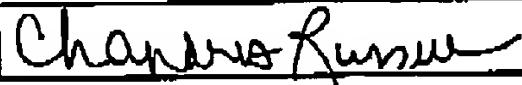
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| Firm or Individual name | Patrea L. Pabst, Esq., Reg. No. 31,284 Pabst Patent Group LLP 400 Colony Square, Suite 1200, Atlanta, GA 30361 | |
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| Date | July 23, 2004 | |

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| Typed or printed name | Chandra Russell | |
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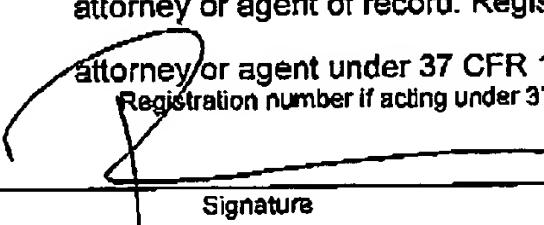
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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) MIT 7501 | | | | | | | | | | | | | | | | | | |
|---|------------|--------------------------------------|--|------------|-------------------------|--|-------|------|---|-------|-------|---|-------|-------|---|--------|-------|--|--------|--------|
| Application Number 08/823,999 | | Filed March 25, 1997 | | | | | | | | | | | | | | | | | | |
| For MODULATION OF VASCULAR HEALING BY INHIBITION OF LEUKOCYTE ADHESION AND FUNCTION | | | | | | | | | | | | | | | | | | | | |
| Art Unit 1644 | | Examiner Phillip Gambel | | | | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table> <thead> <tr> <th></th> <th><u>Fee</u></th> <th><u>Small Entity Fee</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$110</td> <td>\$55</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$420</td> <td>\$210</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$950</td> <td>\$475</td> </tr> <tr> <td><input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1480</td> <td>\$740</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2010</td> <td>\$1005</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3129. <i>See sheet sent by fax on July 23, 2004</i>. I have enclosed a duplicate copy of this sheet.</p> <p><i>WARNING: Information on this form may become public. Credit card information should not be included on this form.</i></p> <p>Provide credit card information and authorization on PTO-2038.</p> | | | | <u>Fee</u> | <u>Small Entity Fee</u> | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$110 | \$55 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$420 | \$210 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$950 | \$475 | <input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1480 | \$740 | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2010 | \$1005 |
| | <u>Fee</u> | <u>Small Entity Fee</u> | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$110 | \$55 | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$420 | \$210 | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$950 | \$475 | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1480 | \$740 | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2010 | \$1005 | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 31,284 | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 | | | | | | | | | | | | | | | | | | | | |
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| Signature | | Date | | | | | | | | | | | | | | | | | | |
| Patrea L. Pabst | | (404) 879-2151 | | | | | | | | | | | | | | | | | | |
| Typed or printed name | | Telephone Number | | | | | | | | | | | | | | | | | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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